

## Foster Family Home - Corrective Action Report

Provider ID: 1-160039

Home Name: Vi Balantac, RN

Review ID: 1-160039-4

94-1035 Lumiaina Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 4/30/2019

Foster Family Home

Required Certificate

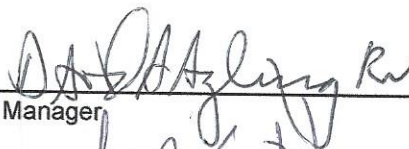
[11-800-6]

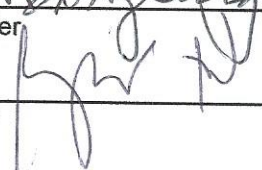
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 4/30/19. Currently has no patients.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.

  
Compliance Manager

  
Primary Care Giver

4/30/19  
Date

4.30.19  
Date